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Name				-								
Professional Tutors of America	a				_	nereinaft	er calle	ed	<u>C</u>	ontractor		
595- C Tamarack Avenue					_							

## IT IS HEREBY AGREED AS FOLLOWS:

# **AMENDMENT NO. 1**

Federal ID No. or Social Security No.

Brea, CA 92821

1-800-832-2487

It is hereby agreed to amend contract # 02-1219, as follows:

Birth Date

#### 02-1219 A-1

#### Section V. Fiscal Provisions

Amend the last sentence of Section V, Paragraph D, page 10 of 13, to read as follows:

Invoices are to be mailed to: San Bernardino County Probation Department 175 West Fifth Street San Bernardino, CA 92415 ATTN: Holly Benton, AB 1913 Coordinator

### Section VIII. Term

Amend Section VIII, page 11 of 13 to read as follows:

This Contract is effective as of November 19, 2002 and is extended from its original expiration date of June 30, 2003, to expire on June 30, 2004 but may be terminated earlier in accordance with provisions of Section IX of the Contract. This Contract may be extended for one additional 12 month period if funding is available and subject to approval of an amendment to this Contract by both the County and the Contractor.

#### **Section X. General Provisions**

Amend Section X, Paragraph A, page 12 of 13 to read as follows:

A. When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: Professional Tutors of America

595- C Tamarack Avenue

Brea, CA 92821

County: County of San Bernardino Probation Department

175 West Fifth Street San Bernardino, CA 92415

ATTN: Holly Benton, AB 1913 Coordinator

#### County (*Insurance Information Only*):

County of San Bernardino c/o Insurance Data Services P. O. Box 12010-CB Hemet, CA 92546-8010

### 02-1219 A-1

☐ Contract Database

**Input Date** 

☐ FAS Keyed By

All other terms and conditions remain in full force and effect.

COUNTY OF SAN BERNARDING		Profes	Professional Tutors of America				
		(Print or	type name of corporation, company, contractor, etc.)				
<b>&gt;</b>		By ►					
Dennis Hansberger, Chairman, Board of S	Supervisors		(Authorized signature - sign in blue ink)				
Dated		Name _	Bob Harraka				
			(Print or type name of person signing contract)				
SIGNED AND CERTIFIED THAT A COPY	OF THIS						
DOCUMENT HAS BEEN DELIVERED TO	O THE	Title	Director				
CHAIRMAN OF THE BOARD			(Print or Type)				
Clerk of the Board of	f Supervisors	Dated					
of the County of San	•						
Ву		Address	595-C Tamarack Avenue				
Deputy		•					
			Brea, CA 92821				
Approved as to Legal Form	Reviewed by Con	tract Compliance	Presented to BOS for Signature				
<b>&gt;</b>	•		<b>•</b>				
Dawn Stafford, Deputy County Counsel	Lori Ciabattini, HS	S Contracts Unit	Raymond B. Wingerd, Chief Probation Officer				
Date	Date		Date				